## **EXPENDITURE REPORT**

**Child Support Administration** 

State of Wisconsin Department of Workforce Development

INSTRUCTIONS:  1. Report expenditures in	Agency Number	Agency Name			STATE USE ONLY Date Entered in CARS
whole dollar amounts	Agency Type	County			
See Contract for current	106				Operator Initials
Agency Number.	Report Period (mm/yy)	Agency Contact		Phone Number	
	/ 2002				
		PROFILE	CURRENT NET	CONTRACT-TO-DATE	COMMENTO
PROFILE	NAME	NUMBER	EXPENDITURES	NET EXPENDITURES	COMMENTS
CS Fees	(-)	70480	( )	( )	
Lab Fees (Blood Test)	(-)	70485	( )	( )	
Interest Earned on IV-D Collections (-)		70490	( )	( )	
CS Unclaimed Funds	(-)	70493	( )	( )	
Indirect Cost		70467			
Lab Expenditures		70470			
All Other Expenditures		70475			
CS Non IV-D Activities		70505			
CS PEO Expenditures		70510			* Ends 9/30/2002
TOTAL NET ACTIVITIES	<u> </u>				
I certify that the expenditures have not been reimbursed pr	and revenue identified	here claiming feder	ral and state reimbursem	ent are just, true and correct	in the amounts stated,

Send Original to:	SIGNATURE - Authorized Agency Representative	Date Signed
Department of Workforce Development/CARS Unit	g,p.	
P.O. Box 7946		
Madison, WI 53707-7946		
Retain One Copy for Agency Records		